

Environmental Cleaning Policy

Policy information

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Summary of document:

Scope:

The provision of a clean and well-maintained environment is crucial to the successful and safe delivery of healthcare services in the Health Board. The Welsh Government Code of Practice for the Prevention and Control of Healthcare Associated Infections (May,2014) states that “the physical environment should be maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection”. All those involved in the provision of hospital cleaning services must be working towards the common and shared goal of high-quality cleaning services that meet the needs and expectations of patients, public and other hospital staff. This policy describes how the Health Board will achieve compliance with The National Standards of Cleaning in NHS Wales (2009) including roles and responsibilities; frequency of cleaning; a risk-based approach to auditing of performance and the governance framework as well as requirements for education and training of relevant staff.

To be read in conjunction with:

[139 - Uniform and Dress Code Policy for All Health Board Staff](#) (opens in a new tab)

[149 – Hand Hygiene Policy](#) (opens in a new tab)

[236 - Outbreak Management Policy](#) (opens in a new tab)

[273 – Manual Handling Policy](#) (opens in a new tab)

[354 – Standard Infection Prevention and Control Precautions Policy](#) (opens in a new tab)

[829 – Mealtime Co-ordination Procedure](#) (opens in a new tab)

Welsh Assembly Government, Oct’ 2009. The National Standards for Cleaning in NHS Wales.

Patient information:

[Patient Information Library](#)

Owning group: Infection Prevention Steering Sub-Group (IPSSG) – signed off 3.1.2025

Executive Director job title: Director of Nursing, Quality and Patient Experience (Interim)

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Version 1 – New Policy – 08.01.2011

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Keywords:

Cleaning, Disinfection, Decontamination

Glossary of terms

Cleaning - Cleaning is the mechanical or physical removal of organic matter including dirt, debris, blood, and bodily fluids. Effective cleaning involves ‘fluid’ – usually detergent and water, and ‘friction’ leaving a surface or equipment visibly clean. Micro-organisms generally removed rather than killed. This alone may be sufficient in some instances e.g. when cleaning entrance halls, offices, corridors and other ‘low risk’ environments. The addition of disinfection is necessary in many healthcare environments. Cleaning is a pre-requisite to effective disinfection.

Disinfection - Disinfection is the process of reducing or eliminating harmful micro-organisms from inanimate objects and surfaces. Cleaning is a pre-requisite to effective disinfection as some disinfectants are readily deactivated by organic matter.

Decontamination - Cleaning, disinfection and sterilisation are all decontamination processes. In the context of the environment or non-critical equipment (i.e. equipment or devices that are in contact with intact skin only), the term decontamination usually refers to cleaning and disinfection, utilizing either a separate cleaning and disinfecting agent in a two-step process, or a ‘2 in 1’ product that cleans and disinfects in one.

Element - An element is an item within a functional area, or any part of the fabric or fittings of a functional area, which requires cleaning

EHG - Environmental Hygiene Group

IPSSG - Infection Prevention Strategic Sub-Group

COO – Chief Operating Officer

HPV - hydrogen peroxide vapour (HPV)

IPCT - Infection Prevention & Control Team

UVC - ultraviolet light

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Introduction

The provision of a clean and well-maintained environment is crucial to the successful and safe delivery of healthcare services across the Health Board. The Welsh Government Code of Practice for the Prevention and Control of Healthcare Associated Infections (May,2014) states that “the physical environment should be maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection”.

All those involved in the provision of hospital cleaning services must be working towards the common and shared goal of high-quality cleaning services that meet the needs and expectations of patients, public and other hospital staff. All service users have a right to assume that the environment of care is one where infection hazards are adequately prevented or controlled. The essence of good cleaning in healthcare is that things not only look clean, but that they are microbiologically clean and safe.

The increasing incidence of antimicrobial resistance and growing concerns around the effect of climate change on the pathogenesis of microorganisms make environmental cleanliness an even more important element of an effective infection prevention and control programme.

A clean environment presents a positive first impression and engenders confidence in patients and public. A clean environment can have positive psychological effects, promoting a sense of well-being and comfort.

A clean and clutter free environment also supports an effective and efficient workforce.

This policy describes how the Health Board will achieve compliance with The National Standards of Cleaning in NHS Wales (2009) including roles and responsibilities; frequency of cleaning; a risk-based approach to auditing of performance and the governance framework as well as requirements for education and training of relevant staff.

Policy statement

The Health Board is committed to providing care in a safe environment that has been cleaned to at least the minimum national standard. It is committed to reducing the risk of transmission of infection as a result of an inadequately decontaminated environment.

All staff both clinical and non-clinical are expected to play their part in ensuring a clean safe environment. A governance structure is in place that will allow areas of concern to be quickly identified and rectified, and for outstanding or exceptional issues to be escalated as appropriate.

Scope

This policy covers all environmental cleaning & disinfection activity within the Health Board, including all general, scheduled and reactive activities undertaken by clinical staff, facilities and estates staff as well as cleaning operatives. It includes the decontamination of all non-critical surfaces but does not include the decontamination of medical devices that come in contact with non-intact skin or are used as part of an invasive procedure.

Aim

The aim of this document is to ensure the safety of those being cared for, staff and visitors in a clean environment and that:

- staffing resources are used effectively and efficiently, and that staff are appropriately trained, including domestic staff / cleaning operatives.
- cleaning services are provided to agreed standards and frequencies
- the Infection Prevention & Control team are consulted with and will advise on any proposed change to cleaning and disinfection products
- monitoring results are shared and scrutinised at a local level in the County Infection Prevention meetings, at the Health Board's Environmental Hygiene Group (EHG) and the Infection Prevention Strategic Sub-Group (IPSSG) and concerns escalated as appropriate.
- all parts of the premises are maintained in good physical repair and a condition such as to enable effective decontamination, and identified faults rectified in a timely manner.
- Where cleaning tasks depend on more than one staff group that communication is effective to prevent any unnecessary delays or derogation from the policy e.g. where estates need to remove a radiator cover to facilitate cleaning.

Objectives

- Roles and responsibilities will be clearly defined
- Cleaning frequencies and audit requirements will be outlined
- The standard of cleaning will be measured against the National Standards for Cleaning in NHS Wales (2009)
- staff will be supported to provide high standards of environmental cleanliness through effective training, competency assessment and development.
- Senior Nurse Managers, Facilities & Estates Managers and other Healthcare Staff including the infection prevention team will conduct regular reviews of cleaning standards in all areas.
- Arrangements are in place to scrutinise audit results at a local and organisational level through multi-disciplinary working
- Governance arrangements are in place to allow for reporting of outcomes and exception reports to the board through a clearly defined organisational structure.

Responsibilities

- The Chief Executive

The Chief Executive is responsible for ensuring that there are robust and effective arrangements for Cleaning Services in place which must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

The Director of Nursing, Quality and Patient Experience

The Director of Nursing is responsible for:

- providing oversight and assessing assurance on cleanliness and the built environment to the Board.
- Setting and challenging standards of cleanliness
- Supporting Estates and Facilities to ensure robust systems, processes, monitoring and resources are in place that will facilitate high standards of cleanliness.

- Ensuring the environment of care is clean, safe and supports a positive experience for all those being cared for, staff and visitors
- They are also responsible of chairing the IPSSG and/or delegating that responsibility.

The Chief Operating Officer (COO)

The Director of Operations is the Executive Lead with delegated responsibility for the Facilities functions and for the overall provision of a compliant, effective and efficient facilities management service.

Director / Deputy Directors of Estates & Facilities – (Soft and Hard FM)

The Director of Estates & Facilities is responsible for ensuring compliance with national standards and/or legislation. Also, to ensure that the fabric of the building is maintained to facilitate high levels of cleanliness.

Facilities / Hotel Services Management Team

The Facilities / Hotel Services Management team are responsible for:

- ensuring that adequate staffing resources are used effectively and efficiently
- that staff are appropriately trained, including supervisory staff and cleaning operatives
- providing cleaning services to agreed standards and frequencies
- consulting with Infection Prevention & Control with regards to new cleaning products.
- reporting monitoring results to the County Infection Prevention and Control meetings, the EHG and the IPSSG and escalating as necessary

Estates Management Team

The Estates Management Team are responsible for:

- ensuring that all parts of the premises are maintained in good physical repair and condition.
- actioning works to remedy identified faults.
- liaising with the Facilities Department to enable cleaning of restricted access items (i.e. radiators)
- cleaning items at a high level, identified through in a periodic clean schedule.
- supporting the facilities/ hotel services teams in delivering automated total room decontamination e.g. hydrogen peroxide vapour (HPV)

Infection Prevention & Control Team (IPCT)

The IPCT provides advice on specific and specialist cleaning requirements/products, and have a with responsibility to educate staff on the importance of following the correct processes for decontamination in all care settings. They are also responsible for monitoring, reporting and where necessary escalating concerns in cleaning standards. The IPCT carry out multi-disciplinary environmental audits in addition to the regular Synbiotix audits.

Senior Management

Senior managers, including senior nursing/clinical managers are responsible for leading and driving a culture of cleanliness in clinical areas and monitoring, reporting and where necessary escalating concerns where cleaning standards fall below the expected standard.

Ward Managers/Heads of Department should agree a schedule of cleaning with the facilities team for the area they manage and monitor compliance and standards.

Cleaning Operatives

All cleaning staff and supervisors are responsible for ensuring that cleaning methodologies are rigorously applied; cleaning frequencies are maintained and the correct products and tools are used for the task as per Health Board policy. Where this is not possible, non-compliance should be escalated to a supervisor. All cleaning staff play an essential role in ensuring that healthcare associated infections are minimised.

Health Care Support Workers/Nursing & Clinical Staff carry out cleaning duties primarily associated with near patient environment/medical equipment and body fluid spillage in line with Standard Infection Control Precautions. Any local variation in roles and responsibilities must be documented so that it is clear who is responsible and accountable for any failure to maintain standards.

All members of staff are required to:

- Follow and adhere to the cleaning policy and cleaning methodologies
- Recognise that all staff have a responsibility for caring for the environment.
- Report any issues promptly.

Copies of all cleaning methodologies are available from the Facilities Team and Facilities Quality Assurance Manager

Cleaning Methods and Standards

Cleaning categories/Types of 'clean'

There is a range of terminology used to describe the type of clean and tasks required that can sometimes prove confusing and lead to the wrong level of cleaning being carried out. To negate such confusion the following terminologies should be used Health Board wide when describing the activity and requesting additional cleaning:

STANDARD CLEAN: a standard clean is carried out by domestic/cleaning staff on a daily basis as a minimum. A standard clean may be required more than once daily based on the relative risk posed by the functional area.

FULL CLEAN: this is a 'standard clean' with the addition of 'pulling out' of beds/furniture to access areas not included in a standard clean. A 'full clean' is carried out on a scheduled basis and as a minimum weekly.

A 'standard clean' and 'full clean' should be carried out in line with the local cleaning and disinfection policy i.e. involving the use of detergent; detergent and disinfectant or a combined 2-in-1 cleaning and disinfecting product.

POST DISCHARGE/TRANSFER CLEAN: this is a standard clean carried out when a bed/trolley space / side room is vacated through discharge or transfer of a patient. When a patient with a known or suspected infection is discharged or transferred, a '**POST INFECTION CLEAN**' should be requested in line with local policy ([Appendix 1](#))

The responsibility for requesting the appropriate level of clean lies with the ward/department manager, in line with the colour coded guidance detailed in [Appendix 1](#)

CHECK CLEAN: a visual 'check clean' is carried out between a 'standard clean' and/or 'full clean' to identify the need for any spot cleaning to be carried out in order to bring the surface

back to the required standard of cleanliness. A check clean includes replenishment of consumables as required e.g. paper hand towels and liquid soap and 'touchpoint cleaning' as agreed locally within identified cleaning responsibilities.

TOUCHPOINT CLEAN: touchpoint cleaning focuses on surfaces that are more commonly touched and handled frequently with the aim of preventing the transfer of microorganisms on hands. Examples of high touchpoint surfaces include door handles, light switches and door push plates. In addition to domestic touchpoint cleaning, clinical staff & healthcare support workers should carry out touch point cleaning between standard and check cleans as appropriate.

CONSTRUCTION CLEAN: Before any construction work commences within a healthcare facility, the IPCT should be consulted and agree with the facilities team the enhanced cleaning required for the duration of the construction project. The IPT should conduct periodic walk-round inspections during the construction works to highlight the need for any remedial or additional cleaning requirements and on completion of the works prior to formal handover. Once the project is completed there should be at least 3 stages to a construction clean:

- a) A '*building handover clean*' – immediately following the completion of works
- b) A '*commissioning clean*' – carried out during the commissioning phase. It is during this time that any microbiological validation testing is conducted if appropriate. The commissioning clean may need to be carried out more than once until the required standard is achieved.
- c) A '*clinical handover clean*'. This is the final clean before the area is fully commissioned and handed over to clinical staff and includes the replenishment of consumables such as hand soap, paper towels and toilet paper.

Each type of construction clean may be repeated more than once until the area is safe to be handed back to the clinical team:

ENHANCED CLEAN: A request for an 'enhanced clean' should be made with the approval of the IPCT. Enhanced cleaning may involve an increase in cleaning frequency and/or the addition of a higher level of decontamination utilising a high-level chemical disinfectant and/or adjunct technologies e.g. the use of a vapourised disinfectant e.g. hydrogen peroxide vapour, or ultraviolet light (UVC). Patients will need to be 'decanted' to another area for enhanced cleaning to take place.

PERIODIC CLEAN: periodic cleans involve tasks that are not carried out on a daily or weekly basis. Periodic cleans are scheduled to be carried out at set intervals e.g. fortnightly, monthly, quarterly, six monthly or annually. There should be a documented annual plan of periodic cleans which will for example include carpet washing, floor stripping/polishing/sealing, window cleaning and cleaning of ventilation grills.

Cleaning methodologies

The Health Board has developed a range of cleaning method statements to which staff will be trained. These method statements have been agreed by the Environmental Hygiene Group and are available from the Facilities Department. They will be reviewed bi-annually and additional cleaning methodologies developed as necessary. During training, cleaning operatives will be assessed as competent against these cleaning methodologies.

Managing Risk

All areas within the Health Board will be categorised by risk. The risk category will form the criteria for the level and frequency of cleaning, frequency of audit and resource allocated. The IPCT should be involved and endorse the risk category selected for each area.

When assigning risk categories to functional areas, or when re-assessing the risk category for a functional area the EHG should be consulted and agree the change.

The National Standards for Cleaning in NHS Wales (2009) advocate a risk based approach to the frequency of cleaning and auditing of performance based on the risk:

- of infection for patients
- of a poor public perception of cleanliness
- to the health and safety of the public and staff; and
- of a service providing poor value for money.

Based on the risk assessment, functional areas are categorised into four levels of risk which in turn indicate the frequency of cleaning required and the requirements for monitoring and auditing:

Level of risk identified through risk assessment	Examples of functional areas	Minimum Frequency of Audit
Very high	Operating theatres, ICUs, SCBUs, accident and emergency (A&E) departments, and other departments where invasive procedures are performed or where immuno-compromised patients are receiving care.	At least once a week until the lead cleaning manager, infection prevention team representative and ward sister/charge nurse are satisfied that consistently high standards are being achieved, after which the audit frequency <u>may</u> be reduced to monthly as a minimum with the approval of Environmental Hygiene Group.
High	General wards (acute, non-acute & mental health), sterile supplies, public thoroughfares and public toilets.	At least once a month until the lead cleaning manager, infection prevention team representative and ward sister/charge nurse are satisfied that consistently high standards are being achieved, after which the audit frequency <u>may</u> be reduced to bi-monthly as a minimum with the approval of Environmental Hygiene Group.
Significant	Pathology, outpatient departments, laboratories and mortuaries.	At least once every three months

Low	Administration areas, non-sterile supply areas, record storage and archives	At least once every three months
NB Bathrooms, toilets, staff lounges, offices and other areas adjoining very high risk, high, significant or low risk functional areas should be treated as having the same risk category and receive the same levels of cleaning		

Both informal monitoring and formal auditing of standards should take place continuously.

Baseline and on-going audits, utilising the Synbiotix electronic audit tool, will provide the Health Board with an indication of performance against the minimum standards of environmental cleanliness.

Failure to demonstrate compliance with the auditing process and audit scores consistently lower than what is considered acceptable are both cause for concern and should be highlighted to the Health Board's EHG.

Cleaning Frequencies & Schedules ([Appendix 4](#))

Cleaning frequencies for each area must be based on the minimum frequencies in the National Standards for each respective risk category. Cleaning frequencies can be agreed locally to reflect the needs of each individual area to ensure a high standard of cleanliness.

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

Clinical areas should ideally have dedicated staff that become an integral part of the team with the aim of continuity of service. Cleaning routines must form part of the ward routine and not an intrusion into it.

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

For cleaning tasks that are not completed an Exception Report must be completed and the cleaning task rescheduled.

Cleaning schedules detailing the frequency of cleaning are produced for each ward and clinical department. They are detailed breakdowns of the frequency that each cleaning task will be undertaken. Cleaning schedules are jointly agreed and approved by the facilities manager and the ward manager. They must be clear and publicised/ readily available in each ward or clinical area.

Service Level Agreements are produced for each ward and clinical department by the Facilities department and ward managers. They identify the risk category assigned to the area detailing cleaning tasks; cleaning products to be used as well as consumables; identification of agreed staffing levels, cleaning frequencies, audit requirements and cleaning standards to be achieved. In times of reduced cleaning staff levels, a risk assessment must be undertaken to

assess if cleaning staff from lower risk areas can be transferred to higher risk areas to ensure that the requirements of the service level agreements for the higher risk areas are met.

Visitor & patient information

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

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

Protected Mealtimes

Each ward operates 'Protected Mealtimes'. At these times visiting should be avoided as far as it is possible, including disruption from Health Care Professionals and other services unless there are urgent care interventions. Protected mealtimes are periods when all ward-based activities (where appropriate) should stop to enable nurses, ward based teams and hotel services staff to service food and give assistance and support to patients without non-time critical interruptions. Interventions by all staff that are non-urgent should be planned to avoid patient mealtimes.

Mealtimes should be free from avoidable and unnecessary interruptions wherever possible. During "Protected Mealtimes" there should be a planned pause in routine ward activities such as cleaning to ensure the nursing team (both registered and unregistered) are focused on the patients' mealtime requirements. Cleaning should not be taking place in patient areas at mealtimes.

Fresh Flowers

The Health Board recognises the positive therapeutic effect of flowers for many patients. Relatives/visitors/carers are generally advised to wait for the patient to be discharged from hospital before sending them.

Whilst not 'banned' completely from clinical areas, flowers are generally discouraged or restricted to enable effective cleaning around a bed space and prevent water spillages which present a health and safety risk. Flowers are excluded from areas such as admission and critical care units where space is very limited, particularly given the essential and electrical equipment located in these areas.

Flowers will only be allowed at the discretion of the nurse in charge of the ward or department. If permitted, flowers should ideally be delivered in a disposable vase or aquapack (and kept in the aquapack) as staff do not have capacity or facilities to change water or store/clean vases.

Cleaning methodology and equipment

Cleaning operatives will be trained in cleaning methodologies* designed to reduce the risk of cross contamination. The methodologies / method statements must be approved by the IPCT and the EHG.

Launderable cloths and mops e.g. microfibre, must be laundered in accordance with 'WHTM 01-04 – Decontamination of linen for health and social care'. Mops and cloths must be laundered daily and there must always be adequate supplies available.

Separate equipment to that used by cleaning staff e.g. a white bucket and disposable mop, will be made available to clinical staff/healthcare support workers for use 'out of hours' and/or for use to deal with a body fluid spillage.

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

Cleaning equipment must be segregated and stored according to the National Patient Safety Agency - Colour coding for hospital cleaning materials and equipment - to prevent cross contamination. ([Appendix 2](#))

Cleaning chemicals i.e. disinfectants, must be approved for use by the IPSSG (including representation from the Health Board's COSHH officer) and EHG. Chemicals must be stored in locked cupboards, or in the lockable cabinet on the cleaning trolley when in use. Any unused diluted chemical must be disposed of at the end of each shift. The dispensing containers must be cleaned thoroughly and inverted to dry. Relevant COSHH data sheets must be available to all staff who undertake cleaning. All staff who use disinfectants must be trained in their safe preparation and usage.

Staff must not bring their own cleaning products/disinfectants into the Health Board and must never mix disinfectants.

Automated room disinfection

A range of automated total room decontamination systems are in use across the NHS, with new technologies continuing to emerge. These technologies are for use as an adjunct to manual cleaning and do not replace the need for manual / physical removal of dirt / soil. Organic matter left on a surface will undermine the efficacy of automated systems utilising UVC or high-level disinfectants.

The Health Board currently has access to UVC machines and hydrogen peroxide vapour (HPV). Before investing in further cleaning technology a full review of the evidence of efficacy must be carried out and agreed by the IPSSG. Similarly, a cost impact assessment should be undertaken before further investment.

A comprehensive, documented organisational risk assessment should be carried out including key representatives e.g. COSHH and fire officers, before such technologies are deployed.

A detailed operating procedure must be available along with documented evidence that staff have been suitably trained and competency assessed before using UVC or HPV systems.

Adequate time should be allowed for staff to carry out total room decontamination. A room / area will need to be vacated completely and sealed off before the system can be run. Following HPV time will also be necessary before the room is safe to enter again. Staff should be guided as to when either HPV or UVC should be used following the discharge or transfer of patients post certain infections ([Appendix 1](#))

Periodic microbiological validation of automated room decontamination should be considered or another form of validation as per the manufacturer's instructions.

The use of automated room decontamination must be a collaborative operation between estates, facilities and nursing staff.

Additional cleaning and disinfection:

Post discharge of a patient with a known or suspected infection requires intervention with additional cleaning and disinfection, which may or may not require the use of automated room decontamination. The post discharge requirements are outlined in the colour coded matrix in [Appendix 1](#).

In the event of an outbreak of infection the IPCT must be contacted for advice or clarification on controlling the environment in terms of decontamination. The IPCT will also advise on the requirements needed in terms of frequency of cleaning; and the level of disinfection/type/concentration of disinfectant needed.

Isolation room cleaning is generally provided from within the ward/department-based cleaning team although a 'rapid response' service may be available on certain sites at certain times. The ward/ departmental manager should speak to the cleaning supervisor/manager to ensure the room is cleaned effectively as quickly as possible to support the flow of patients / optimal bed usage.

In the event of a local/national epidemic or pandemic, or in the event of a new or emerging infection being identified then national guidance will be provided from national governing bodies e.g. Public Health Wales and Welsh Government. Guidance will be specific according to the organism. The IPCT lead will have responsibility for risk-based assessments of the patient environment. They will lead in the interpretation of the national guidance, and how it will be implemented at a local level.

All staff with responsibility for cleaning must

- follow the nationally issued guidance with regards to Standard Operating Procedures and methodology.
- be trained on any new procedures and guidance that has been issued.
- be dedicated to those areas of the site that are affected by the infection wherever possible, and
- frequent reviews must be carried out by Facilities managers & the IPCT to make sure that the frequency of cleaning, and touchpoint cleaning in particular, is appropriate for the organism causing the outbreak, in line with the functional risk category for that area

Training and development of cleaning operatives and supervisory staff

all staff must receive the appropriate departmental induction training before taking up operational duties and ESR corporate induction within three months of taking up post.

All staff with responsibility for cleaning must receive detailed and appropriate training on commencement of employment and before taking up operational duties, commensurate with their role and as identified in the departmental training needs analysis. This must be recorded, and competency monitored on an ongoing basis. They must complete the corporate induction within three months of taking up post.

All mandatory and non-mandatory training will be recorded in the Electronic Staff Record or Facilities central training database as appropriate.

All training must be evidenced and endorsed by an appointed trainer.

All staff with responsibility for cleaning must receive training on Infection Prevention and Control.

Staff that are responsible for undertaking audits must receive regular training by a competent and appropriately qualified person to ensure that they are proficient e.g. Quality Assurance Manager. They should be able to make discriminating judgements on risk relating to the areas being cleaned and informed judgements on the extent to which existing cleaning frequencies may be insufficient.

All staff will receive refresher training and on-going support as necessary. Staff will be encouraged to achieve a formal qualification e.g. NVQ. Staff identified as not achieving the correct standard will receive additional training until the accepted standards are reached.

Information, instruction, training, and supervision will be provided in different ways; formal and informal, on-job and off-job.

Facilities managers, supervisors, team leaders and cleaning operatives are to be informed in a timely manner of relevant issues that impact on cleanliness standards, such as changes in legislation and codes of practice, cleaning hazard warnings and changes in Health Board /national policies and procedures.

All cleaning staff must maintain a Personal Competency Record - a record that evidences competence and knowledge of this policy and standard operating procedures/ cleaning methodologies.

All new Cleaning Operatives will work alongside a cleaning mentor who will explain and demonstrate the cleaning routine of a ward/department and best practice. This work-place training will continue until the Supervisor is confident of an individuals' ability to work autonomously.

All nursing staff and clinical staff responsible for cleaning of the environment or equipment should receive training in the principles of cleaning and disinfection and in the use of the cleaning and disinfecting products they are using.

Refer to the [Revised Healthcare Cleaning Manual](#). (opens in a new tab)

CLEANING ELEMENTS & RESPONSIBILITY FRAMEWORK

Different staff groups, both clinical and non-clinical, will be responsible for cleaning different elements within an area; they need to work together to meet the cleanliness standard for the whole area.

An element is an item within a functional area, or any part of the fabric or fittings of a functional area, which requires cleaning. A list of the elements is included at [Appendix 3](#) and the standard to which it should be cleaned.

The Cleaning Responsibility Framework ([Appendix 4](#)) is a comprehensive but not exhaustive list of the key elements and who's responsible for cleaning them along with the minimum cleaning frequencies. Cleaning frequencies change dependent on the risk category assigned

to a functional area. Responsibilities must be agreed at a ward and departmental level and everyone must be made aware of and clear in their responsibilities.

Monitoring compliance and governance arrangements

There is a need to demonstrate that environmental cleanliness is being maintained to a consistent standard that meets the expectations of service users, staff, public, visitors and monitoring bodies.

The Health Board currently uses an electronic tool (Synbiotix) to support the monitoring and audit process. The 'scores' produced are an indication of compliance with the standards and the required auditing frequency.

The frequency of audit is dictated by the risk assigned to a functional area:

Risk Level	Target Score Aim	Minimum Frequency
1. Very High Risk	98%	Weekly
2. High Risk	95%	Monthly
3. Significant Risk	85%	Quarterly
4. Low Risk	75%	6 Monthly

All cleaning inputs will be determined by the Health Board according to risk-based analysis, and the resultant cleaning outcomes used as a measure of performance against the requirements set out in the Standards. Timely action must be taken and documented when audits identify that the frequency of monitoring and/or outcomes fall below the minimum standard:

- Both informal monitoring and formal auditing of standards should take place continuously.
- A formal audit must be undertaken using the Health Board's electronic monitoring tool in all areas according to the risk category which dictates the frequency.,
- A representative from the following disciplines should participate in the formal audits alongside cleaning supervisors: IPCT, senior nurse management; estates and facilities.
- The audit reports must be made available to appropriate managers and timely action must be taken in any areas of concern to rectify the outcome and return the area to an acceptable level of cleanliness.
- A template report has been developed which includes both data and accompanying narrative / qualitative comment.
- When necessary failure to achieve the recommended standards on a regular basis and/or where patient safety is compromised must be escalated to the responsible Executive Board member.

Governance Framework

- Failure to meet the required standard must first be identified to the ward/departmental manager and remedial action taken
- The site Hotel Services Manager or deputy will present the locality audit report / Synbiotix scores at each County Infection Prevention Meeting (standing agenda item) for scrutiny and action planning.
- A Health Board wide report will be presented at the Environmental Hygiene Group for further scrutiny.
- An exception report will be taken to the IPSSG, presented by the Head of Facilities or nominated deputy.
- IPSSG will escalate any significant risks or major concerns to the Quality, Safety and Experience Committee.

Review

This policy will be reviewed after 2 years in order that all systems have appropriate time to embed themselves operationally. A further revision within the 2 years may become necessary pending the circulation of new national minimum standards of environmental standards.

References

- The Control of Substances Hazardous to Health Regulations 2002. Approved Code of Practice and guidance. Control of substances hazardous to health (Sixth edition, 2013).
- The National Standards of Cleaning in NHS Wales. Welsh Assembly Government. (Revised October 2009). [Revised Healthcare Cleaning Manual](#). (opens in a new tab)
- Code of Practice for the Prevention and Control of Healthcare Associated Infections. Welsh Assembly Government (May, 2014)
- Safer Practice notice 15. Colour coding hospital cleaning materials and equipment. National Patient Safety Agency, (January 2007)
- Welsh Health Technical Memorandum 01-04. NHS Wales Shared Services Partnership – Specialist Estates Services (2017)

Appendix 1

POST DISCHARGE of PATIENT WITH KNOWN OR SUSPECTED INFECTION **ENVIRONMENTAL CLEANING AND DISINFECTION**

Which clean is required? If in doubt consult the Infection Prevention Team

Red clean	Violet clean	Amber clean	Green Clean
Clean and disinfect manually plus Hydrogen peroxide vapour (HPV)	Clean and disinfect manually plus UVC	Clean and disinfect manually	Clean manually
Vacant rooms only	Vacant rooms only	Where disinfection is required but additional technologies unable to be used	
Chemical agent: DiffX 2x20g sachets: 2.5 litres water	Chemical agent: DiffX 2x20g sachets: 2.5 litres water	Chemical agent: DiffX 2x20g sachets: 2.5 litres water	Chemical agent: DiffX 1x20g sachets: 2.5 litres water
Required following discharge of patients with: <ul style="list-style-type: none"> Carbapenem resistant organisms multi drug resistant tuberculosis (MDRTB) <i>C.difficile</i> infection Middle East Respiratory Syndrome (MERS) <i>Candida auris</i> New or emerging infections: at the request of the Infection Prevention Team Viral Haemorrhagic Fever (VHF) including Ebola, Lassa etc: additional advice will be issued by the IP Team in the event of a High Consequence Infectious Disease (HCID)* 	Required following discharge of patients with: Where HPV cannot be used: <ul style="list-style-type: none"> Multi drug resistant organisms (MDRO) including carbapenem resistant organisms multi drug resistant tuberculosis (MDRTB) <i>C.difficile</i> infection Middle East Respiratory Syndrome (MERS) <i>Candida auris</i> <i>Also,</i> <ul style="list-style-type: none"> All viral D&V and respiratory infections Other multidrug resistant organism (MDRO) including: MRSA & VRE MPOX, chicken pox, measles and hand, foot & mouth disease Other, at the request of the IPCT 	Required following discharge of patients with: Where HPV & UVC cannot be used: <ul style="list-style-type: none"> following discharge of patients with known or suspected infection 	NO INFECTION PRESENT OR SUSPECTED <ul style="list-style-type: none"> following discharge of patients with no known or suspected infection
Clinical staff			
<ul style="list-style-type: none"> Clinell 2-in-1 Peracetic Acid Wipes (Red 'sporicidal' wipes) 	<ul style="list-style-type: none"> Clinell 2-in-1 Universal wipes (Green wipes) Clinell 2-in-1 Peracetic Acid Wipes (Red 'sporicidal' wipes) for <i>C difficile</i> and <i>Candida auris</i>, and where advised by IPCT 	<ul style="list-style-type: none"> Clinell 2-in-1 Universal wipes (Green wipes) Clinell 2-in-1 Peracetic Acid Wipes (Red 'sporicidal' wipes) for <i>C difficile</i> and <i>Candida auris</i>, and 	<ul style="list-style-type: none"> Clinell 2-in-1 Universal wipes (Green wipes)

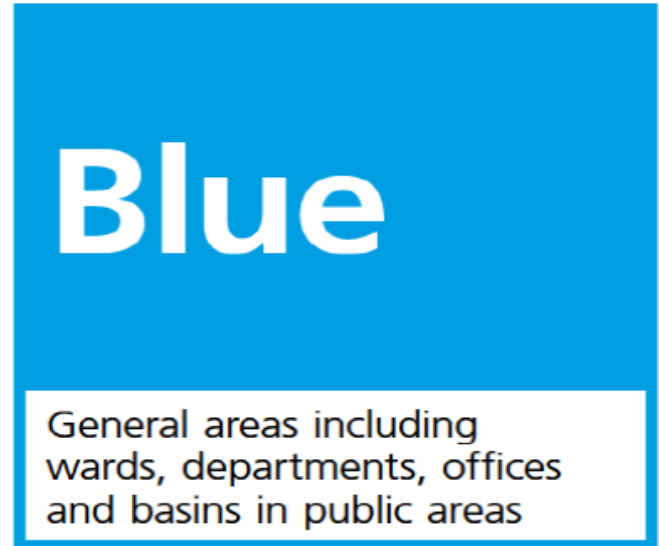
		where advised by IPCT	
Clinical staff responsibilities			
<ul style="list-style-type: none"> Assess room for HPV suitability e.g. note any holes in ceiling, walls, windows. Contact estates to initiate HPV protocol and prepare the room for HPV. Strip bed and place used linen into a red soluble bag (do not remake bed prior to HPV) Check patient locker is empty and dispose of any remaining items Clean pressure relieving mattress, bag, label and send for decontamination. Clean the patient call bell, bed frame & mattress, pillows – check integrity Remove all crockery, jugs and glasses to be processed in dishwasher Dispose of suction unit liner and tubing. Clean the outer suction unit Manually decontaminate clinical equipment and leave in the room Wipe outer surface of sharps bin & follow disposal procedure <p>Post Process</p> <ul style="list-style-type: none"> Re-make the bed with fresh linen Replace sharps container, suction liner and tubing 	<ul style="list-style-type: none"> Strip bed and place used linen into a red soluble bag (do not remake bed prior to UVC) Check patient locker is empty and dispose of any remaining items Clean pressure relieving mattress, bag, label and send for decontamination. Clean the patient call bell, bed frame & mattress, pillows and carry out integrity checks Remove all crockery, jugs and glasses to be processed in dishwasher Dispose of suction unit liner and tubing. Clean the outer suction unit Manually decontaminate clinical equipment and leave in the room Wipe outer surface of sharps bin. & follow disposal procedure <p>Post-Process</p> <ul style="list-style-type: none"> Re-make the bed with fresh linen. Replace sharps container, suction liner & tubing 	<ul style="list-style-type: none"> Strip bed and place used linen into a red soluble bag (do not remake bed prior to cleaning is completed) Check patient locker is empty and dispose of any remaining items Clean pressure relieving mattress, bag, label and send for decontamination. Clean the patient call bell, bed frame & mattress, pillows and carry out integrity checks Remove all crockery, jugs and glasses to be processed in dishwasher Dispose of suction unit liner and tubing. Clean the outer suction unit Manually decontaminate clinical equipment Wipe outer surface of sharps bin & follow disposal procedure <p>Post-Process</p> <ul style="list-style-type: none"> Re-make the bed with fresh linen. Replace sharps container, and suction liner 	<ul style="list-style-type: none"> Strip bed and remove dirty linen and towels into a white bag (do not make bed prior to cleaning) Check patient locker is empty and dispose of any remaining items Clean the patient call bell, bed frame & mattress, pillows and carry out integrity checks Remove all crockery, jugs and glasses to be processed in a dishwasher Dispose of suction unit liner and tubing if used. Clean the outer suction unit Clean all clinical equipment Dispose of sharps container if present and more than half full <p>Post-Process</p> <ul style="list-style-type: none"> Re-make the bed with fresh linen
Cleaning team - specific cleaning responsibilities			
<ul style="list-style-type: none"> Remove & dispose of curtains & shower curtain prior to HPV Clean all high and low surfaces in the room Clean bed base/frame, patient locker, bed table, chair, entertainment system Clean all areas of the en-suite Wall wash to ceiling height 	<ul style="list-style-type: none"> Remove & dispose of curtains & shower curtain prior to UVC Clean all high and low surfaces in the room Clean bed base/frame, patient locker, bed table, chair, entertainment system Clean all areas of the en-suite Wall wash to ceiling height 	<ul style="list-style-type: none"> Remove & dispose of curtains & shower curtain Clean all high and low surfaces in the room Clean bed base/frame, patient locker, bed table, chair, entertainment system Clean all areas of the en-suite 	<ul style="list-style-type: none"> Clean all high and low surfaces in the room Clean bed base/frame Clean bed base/frame, patient locker, bed table, chair, entertainment system Clean all areas of the en-suite

<ul style="list-style-type: none"> • Clean all sockets and switches + door handles • Ensure locker cupboard and drawer is open • Raise the cot sides and prop mattress and pillows against a cot side. • Empty all waste & tag, clean the receptacles & replenish the bags • Mop the floor <p>Post Process</p> <ul style="list-style-type: none"> • Re-stock consumables • Ensure room is put back to normal • Re-hang new curtains (including shower curtain) 	<ul style="list-style-type: none"> • Clean all sockets and switches + door handles • Ensure locker cupboard and drawer is open • Raise the cot sides and prop mattress and pillows against a cot side. • Empty all waste & tag, clean the receptacles & replenish the bags • Mop the floor <p>Post Process</p> <ul style="list-style-type: none"> • Re-stock consumables • Ensure room is put back to normal • Re-hang new curtains (including shower curtain) 	<ul style="list-style-type: none"> • Wall wash to ceiling height • Clean all sockets and switches + door handles • Empty all waste & tag, clean the receptacles & replenish the bags • Mop the floor <p>Post Process</p> <ul style="list-style-type: none"> • Re-stock consumables • Ensure room is put back to normal • Re-hang new curtains (including shower curtain) 	<ul style="list-style-type: none"> • Spot wash walls • Clean all sockets and switches + door handles • Remove all waste and tag, clean waste receptacle • Mop the floor <p>Post-Process</p> <ul style="list-style-type: none"> • Re-stock consumables
Estates Staff – Specific responsibilities			
<ul style="list-style-type: none"> • Prepare the room for HPV i.e. switch off ventilation / air conditioning as appropriate • Clean the ventilation grills / vents • Remove covers, clean radiators & covers • Replace cover <p>Post process completion</p> <ul style="list-style-type: none"> • Switch on the ventilation /air conditioning as applicable 	<ul style="list-style-type: none"> • Clean the ventilation grills / vents • Remove covers, clean radiators & covers • Replace cover 	<ul style="list-style-type: none"> • Clean the ventilation grills / vents • Remove covers, clean radiators & covers • Replace cover 	
<p>*For VHF or HCID and/or as directed by the IPC team – use disposable cloths and mop heads</p>			

Appendix 2 - National Cleaning Colour Codes

The Health Board adheres to the national Colour Coding scheme for cleaning materials and equipment. Originally developed by the National Patient Safety Agency. The adoption of nationally recognised colour coding helps to minimise the risk of cross contamination and cross-infection and extends to all cleaning materials and equipment used.

Safer Practice notice 15. Colour coding hospital cleaning materials and equipment. National Patient Safety Agency, (January 2007)



NB clinical staff will be supplied with a white bucket and disposable mop head for out of hours use where necessary along with a 'spill kit' for blood and body fluid spill where appropriate.

Appendix 3 Element Standards

Element	Standard
1. Commodes	All parts including underneath, equipment legs, wheels & castors must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. sticky tape) that may compromise cleaning. If 'I'm clean' tape/stickers are used then they must be removed before use, replaced after cleaning and clearly signed and dated.
2. Bathroom hoists	All parts including underneath, equipment legs, wheels and castors must be visibly clean with no blood & body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.
3. Weighing scales, manual handling equipment	All parts including underneath, equipment legs, wheels and castors must be visibly clean with no blood & body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.
4. Drip stands	All parts including underneath, equipment legs, wheels & castors must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.
5. Other medical equipment NOT connected to a patient, e.g. intravenous infusion pumps and pulse oximeters	All parts including underneath, equipment legs, wheels & castors must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.
6. Medical equipment connected to a patient, e.g. intravenous infusion pumps and pulse oximeters	All parts including underneath, equipment legs, wheels & castors must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.

8. Medical gas equipment	All parts including underneath, equipment legs, wheels & castors must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.
9. Patient fans	All parts including the blades/fins and the underside must be visibly clean with no blood and body substances, dust dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.
10. Bedside alcohol hand sanitiser container, clipboards and notice boards	All parts including holder of the bedside alcohol hand sanitiser container must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. The hand sanitiser dispenser must be free of product build-up around the nozzle. Splashes on the wall, floor, bed or furniture must not be present.
11. Notes and drug trolley	All parts including underneath, equipment legs, wheels and castors must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape) that may compromise cleaning.
12. Bedside locker /Patient personal items	The bedside locker must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Loose items such as clothing must be stored away and as far as possible the top of the locker should be kept clutter free to facilitate effective cleaning. The ward sister/charge nurse will have overall accountability for the tidiness of patient areas
13. Linen trolley	All parts including underneath, equipment legs, wheels and castors must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. All parts must be free of any materials (e.g. tape)that may compromise cleaning.

Fixed Assets

Element	Standard
14. Switches, sockets and data points	All wall fixtures e.g. switches, sockets and data points must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.

15. Walls	All wall surfaces including skirting must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
16. Ceilings	All wall surfaces including skirting must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
17. All doors	All parts of the door structure must be visibly clean so that all door surfaces, vents, frames and jambs have no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
18. All Internal glazing including partitions	All internal glazed surfaces must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. They must have a uniform shine appearance.
19. All external glazing	All external glazed surfaces must be cleaned regularly as per local contract.
20. Mirrors	Mirrors must be visibly clean and smear free with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
21. TV & bedside entertainment system including earpiece	The TV must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or stains. Any bedside entertainment/radio earpiece disposable foam pads must be changed between every patient and the earpiece decontaminated between every patient and at regular intervals for longer stay patients.
22. Radiators	All parts of the radiator (including between panels) must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
23. Ventilation grilles extract and inlet	The external part of the ventilation grille must be visibly clean with no blood and body substances, dust, dirt, debris or cobwebs.

Hard Floors

24. Floor - Polished	The complete floor including all edges, corners and main floor spaces must have a uniform shine and be visibly clean with no blood and body substances, dust, dirt, debris, spillages or scuff marks.
25. Floor- Non slip	The complete floor including all edges, corners and main floor spaces must have a uniform finish or shine and be visibly clean with no blood and body substances, dust, dirt, debris, spillages or scuff marks.

Soft Floors

26. Soft floor	<p>The complete floor including the edges and corners must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Floors must have a uniform appearance and an even colour with no stains or watermarks.</p> <p>Carpets should be removed from clinical areas.</p>
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Fixtures – Electrical Fixtures and Appliances

27. Pest control devices	The pest control device must be free from dead insects, animals or birds and be visibly clean.
28. Electrical items	The casing of electrical items must be visibly clean with no blood and body substances, dust, dirt, debris or adhesive tape. Manufacturer's instructions must be adhered to.
29. Cleaning equipment	Cleaning equipment must be visibly clean with no blood and body substances, dust, dirt, debris or moisture. It must be stored dry.

Furnishings and Fixtures

30. Low surfaces	All surfaces must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
31. High surfaces	All surfaces must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
32. Chairs	All parts of the furniture must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages.
33. Beds	All parts of the bed (including mattress, bed frame, wheels and castors) must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
34. Lockers	All parts of the locker (including wheels, castors and inside) must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. As far as possible the top of the locker should be kept clutter free to facilitate effective cleaning
35. Tables	All parts of the table (including wheels, castors and underneath) must be visibly clean with no blood & body substances, dust, dirt, debris, adhesive tape or spillages.
36. Hand wash & paper towel containers	All parts of the surfaces of hand soap and hand towel dispensers must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
37. Hand hygiene alcohol rub dispensers	All parts of the hand hygiene alcohol rub dispensers must be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
38. Waste receptacles	The waste receptacle must be visibly clean including the lid and pedal with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
39. Curtains and blinds	Curtains/blinds must be visibly clean with no blood and body substances, dust, dirt, debris, stains or spillages.

Kitchens – Fixtures and Appliances

40. Dishwashers	Dishwashers must be visibly clean with no blood and body substances, dust, dirt, debris, stains, spillages or food debris.
41. Fridges and freezers	Fridges and freezers must be visibly clean with no blood and body substances, dust, dirt, debris, stains, spillages, food debris or build-up of ice.
42. Ice machines and hot water boilers	Ice machines and hot water boilers must be visibly clean with no blood and body substances, dust, dirt, debris or spillages. The manufacturer's instructions for cleaning of internal and external surfaces of an ice machine must be followed in line with advice from the IPCT and Water Safety Group.
43. Kitchen cupboards	Kitchen cupboards must be visibly clean with no blood & body substances, dust, dirt, debris, stains, spillages or food debris.
44. Microwaves	All microwave surfaces must be visibly clean with no blood and body substances, dust, dirt, debris, stains, spillages or food debris.

Toilets, Sinks, wash hand basins and bathroom fixtures

45. Showers	The shower & shower chairs must be visibly clean with no blood and body substances, scum, dust, dirt, debris, lime scale, stains, deposits or smears.
46. Toilets and bidets	The toilet and bidet must be visibly clean with no blood & body substances, scum, dust, dirt, debris, lime scale, stains, deposit or smears.
47. Replenishment	There must always be sufficient stock of all consumables including hand hygiene products.
48. Sinks	The sink and wall attached dispensers must be visibly clean with no blood and body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow must be free from build-up.

49. Baths	The bath must be visibly clean with no blood & body substances, dust, dirt, debris, limescale, stains or spillages. Plugholes and overflow must be free from build-up.
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Appendix 4 - Responsibility

Responsibility may vary but where it does this must be clearly documented and communicated to all parties. This table outlines minimum requirements/frequencies.

Responsibility	Element		MINIMUM CLEANING FREQUENCY			
			Very high risk	High risk	Significant risk	Low Risk
Nursing	1	Commodes	One standard clean daily and between patient use	One standard clean daily and between patient use	One standard clean daily and between patient use	N/A
Nursing	2	Bathroom hoists	One standard clean daily and between patient use	One standard clean daily and between patient use	One standard clean daily and between patient use	N/A
Nursing	3	Weighing scales, manual handling equipment	One standard clean daily and between patient use	One standard clean daily and between patient use	One standard clean daily and between patient use	N/A
Nursing	4	Drip stands	One standard clean daily and between patient use	One standard clean daily and between patient use	One standard clean daily and between patient use	N/A
Nursing	5 & 6	Other medical equipment e.g. Intravenous infusion pumps drip stand, pulse oximeters, etc connected and NOT connected to a patient	One standard clean daily and between patient use	One standard clean daily and between patient use	One standard clean daily and between patient use	N/A
Nursing	7	Patient washbowls (where disposable not available)	One standard clean daily and between patient use	One standard clean daily and between patient use	One standard clean daily and between patient use	N/A
Nursing	8	Medical gas equipment	One standard clean daily	One standard clean daily	One standard clean daily	N/A
Facilities	9	Patient fans – see Appendix 3	N/A	One standard clean daily and between patient use (external surfaces)	One standard clean daily and between patient use (external surfaces)	N/A
Estates		Facilities – base only Estates – all components	N/A	One full clean monthly – external surfaces and blades	One full clean quarterly – external surfaces and blades	N/A

Nursing	10	Bedside alcohol hand was container, clipboards, and 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 and drugs trolley	One standard clean daily One full clean weekly	One standard clean daily One full clean weekly	One standard clean daily One full clean weekly	N/A
Nursing	12	Patient personal items (where appropriate)	One standard clean daily	One standard clean daily	One standard clean daily	N/A
Facilities	13	Linen trolley	Contact points clean daily	Contact points clean daily	Contact points clean daily	N/A
Facilities			One full clean weekly	One full clean weekly	One full clean weekly	
Facilities	14	Switches, sockets, and data points	One standard clean daily	One standard clean daily	One standard clean weekly	One standard clean weekly
Facilities	15	Walls (see additional frequencies for Theatres)	Check clean daily	One check clean daily	Check clean weekly	Check clean weekly
Facilities			Dust weekly	Dust weekly	Dust monthly	
Estates			Full wash annually	Full wash annually	Full wash annually	
Facilities	16	Ceiling (see additional frequencies for Theatres)	Dust monthly	Dust monthly	Dust monthly	One check dust monthly
Estates			One full wash annually	One full wash annually	One full wash annually	Wash three yearly (minimum)
Facilities	17	All doors	One standard clean daily	One standard clean daily	One standard clean daily	One standard clean weekly
Facilities	18	All internal glazing including partitions	One standard clean daily	One check clean daily	One check clean daily	One standard clean weekly
				One standard clean weekly	One standard 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
Estates	20	Mirrors	One standard clean daily	One standard clean daily	One standard clean daily	One standard clean weekly
Facilities	21	Bedside patient TV	One standard clean daily	One standard clean daily	One standard clean daily	N/A
Facilities	22	Radiators	One standard clean daily	One standard clean daily	One standard clean daily	One standard clean monthly
Estates		Radiators cover removal	One full clean monthly	One full clean monthly	One full clean every three months	One full clean once a year
Estates	23	Ventilation grilles extract and inlets	One full clean monthly	One full clean monthly	One full clean every three months	One full clean every six months
Facilities	24	Floor polished (all non-slip hard surfaces)	Wet mop two standard cleans daily + one check clean daily	Wet mop two standard cleans daily + one check clean daily	Wet mop daily	Wet mop daily
			Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
Facilities	25	Floor - non slip (e.g. Bathrooms/W.C's)	Wet mop two standard cleans daily + one check clean daily	Wet mop two standard cleans daily + one check clean daily	Wet mop daily + one check clean daily	Wet mop one standard clean daily
			Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
Facilities	26	Soft floor (e.g. Carpets)	N/A	N/A	One standard clean daily	One standard clean weekly + one check clean weekly
Facilities			N/A	N/A	Shampoo 12-monthly	Shampoo twice-yearly
Facilities	27	Pest control devices	Dust removal one standard clean daily	Dust removal one standard clean daily	Dust removal one standard clean daily	Dust removal one standard clean daily

Facilities (external contract)			Full clean monthly	Full clean monthly	Full clean monthly	Full clean monthly
Facilities	28	Electrical items e.g. switches, sockets, electrical trunking, overhead lamps etc	One standard clean daily	One standard clean daily	One standard clean weekly	One standard clean monthly
End users		PCs, laptops and mobile stations, hand-held digital devices, mobile phones, phones/handsets, headsets etc	One standard clean daily	One standard clean daily	One standard clean weekly	One standard clean weekly
Facilities	29	Cleaning equipment	Standard clean after each use	Standard clean after each use	Standard clean after each use	Standard clean after each use
Facilities	30	Low surfaces (window ledges, low shelves, ledge under radiators etc.)	Standard clean twice daily	One standard clean daily and one check clean daily	One standard clean daily	One standard clean weekly
Facilities	31	High surfaces (curtain rails, shelves, ledges)	Standard clean twice weekly	One standard clean weekly and one check clean weekly	One standard clean weekly	One standard clean weekly
Facilities	32	Chairs	One standard clean daily and one check clean daily	One standard clean daily and one check clean daily	One standard clean daily	One standard clean weekly
Nursing	33	Beds *frame – base and above-nurses, below bases - facilities The mattress is the responsibility of the nursing staff but will be cleaned by facilities staff following discharge of a patient.	Frame* standard clean daily	Frame* standard clean daily	Frame* standard clean daily	N/A
Facilities			Under base weekly	Under base weekly	Under base weekly	N/A
Nursing & Facilities			All frame and mattress on discharge	All frame and mattress on discharge	All frame and mattress on discharge	N/A
Facilities	34	Lockers (external)	Standard clean twice daily	One standard clean daily and one check clean daily	One standard clean daily	N/A

Facilities	35	Bedside Tables	Standard clean twice daily	One standard clean daily and one check clean daily	One standard clean daily	N/A	
Facilities	36	Paper product dispensers e.g. toilet roll & hand towels	One standard clean daily	One standard clean daily	One standard clean daily	One standard clean daily	
Facilities	37	Hand hygiene dispensers	One standard clean daily	One standard clean daily	One standard clean daily	One standard clean daily	
Facilities	38	Waste receptacles	Twice daily standard clean & one check clean	Twice daily standard clean & one check clean	One standard clean daily	One standard clean daily	
Facilities			Full clean weekly	Full clean weekly	Full clean weekly	Full clean weekly	
Facilities	39	Curtains and blinds – at windows	Change/replace twice yearly	Change/replace twice yearly	Change/replace yearly	Change/ replace bi – annually	
		Bedside curtains	Bed curtains change four monthly	Bed curtains change four monthly	Bed curtains replace 12 monthly	Clean /change or replace bi – annually	
		Window / bedside curtains may be changed more frequently e.g. if visibly soiled with blood or body fluid and/or following the discharge of a patient with a known/suspected infection (Appendix 1)					
Facilities	40	Dishwasher	One standard and two check cleans daily	One standard and two check cleans daily	One standard clean daily	One standard clean daily	
Facilities	41	Fridges and 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	One full clean weekly	One full clean weekly	
Facilities			Defrost monthly	Defrost monthly	Defrost monthly	Defrost monthly	
Facilities	42	Ice machines / water cooler / hot water boilers	Wipe external surfaces daily	Wipe external surfaces daily	Wipe external surfaces daily	Wipe external surfaces daily	
			Periodic scheduled clean in line with manufacturers guidance and Water Safety Group policy				
Estates (contract)			Periodic scheduled internal clean in line with manufacturers guidance and Water Safety Group policy				

Facilities	43	Kitchen cupboards	One standard clean weekly One full clean quarterly	One standard clean weekly One full clean quarterly	One standard clean weekly One full clean quarterly	One standard clean weekly One full clean quarterly
Facilities		Storage / Kitchen style cabinets in clinical rooms	One external standard clean daily - outside	One external standard clean daily - outside	One external standard clean daily - outside	N/A
Nursing			One full clean monthly - inside	One full clean monthly - inside	One full clean monthly - inside	N/A
Facilities	44	Microwaves	One standard clean and two check cleans daily	One standard clean and two check cleans daily	One standard clean daily	One standard clean daily
Facilities	45	Showers heads	One standard clean daily and one check clean daily	One standard clean daily and one check clean daily	One standard clean daily	One standard clean daily
Estates	Contact estates for details of periodic scheduled programme of cleaning including descaling of shower heads					
Facilities	46	Toilets and bidets	Three standard cleans daily	Two standard cleans daily and one check clean daily	One standard clean daily	One standard clean daily
Facilities	47	Replenishment	Three times daily	Three times daily	Once daily	Once daily
Facilities	48	Sinks	Three standard cleans daily	Two standard cleans daily and one check clean daily	One standard clean daily	One standard clean daily
Facilities	49	Baths	One standard and one check clean daily	One standard and one check clean daily	One standard clean daily	One standard clean daily