



Operational cleaning policy

Lead executive	Director of Operations
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Type of document	Policy
Target audience	All clinical staff and facilities staff including contractors
Document purpose	The aims of this document are to understand the performance issues and objectives of the Facilities Department

Document consultation		
AMH – Wirral	No	
AMH – West	Yes	Simon Barlow
AMH – East	Yes	Clare Sweetmore, Helen Wilcock, Beverley Trafford
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CAMHS	No	
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CCWC services	No	
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Staff side	No	
Other –	Yes	Justin Pidcock, John Loughlin
Groups / Committees	No	
Involvement taskforce	Yes	

Approving meeting	Infection Prevention and Control Sub Committee	21-Mar-13
Original issue date	Mar-10	
Implementation date	Apr-13	

CWP documents to be read in conjunction with	HR6 GR30	Mandatory Employee Learning (MEL) policy Decontamination and disinfection policy
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Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA)
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Financial resource implications	Yes - Cleaning materials and equipment for the completion of cleaning duties, provided by the facilities department.
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	

<ul style="list-style-type: none"> • Age • Disability - learning disabilities, physical disability, sensory impairment and mental health problems 	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
<ul style="list-style-type: none"> • If so can the impact be avoided? • What alternatives are there to achieving the document without the impact? • Can we reduce the impact by taking different action? 	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
<ol style="list-style-type: none"> 1. Full document review 2. Update of the departments organisational chart

External references

References
<ol style="list-style-type: none"> 1. Health and Social Care Act (2008) 2. The Health Act – Code of Practice for the Prevention and Control of Health Care Associated Infections (2006 revised 2008) 3. Standards for Better Health – C4 (a), C 21 4. A Matron’s Charter, Towards Cleaner Hospital and Lower Rates of Infection and the Essential Steps/Saving Lives programmes 5. The National Specifications for Cleanliness in the NHS 2007

Monitoring compliance with the processes outlined within this document

<p>Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.</p>	<p>The responsibility for auditing lies within the facilities department across the Trust. The domestic supervisor will take the lead on the audit process, Matrons and clinical leads are to be part of the audit i.e. joint monitoring of cleaning standards of all areas over a 13 week period.</p> <p>All areas throughout the trust will be audited on a quarterly basis, using a monitoring system on a handheld PDA. On a 13 weekly basis a report will be produced for all areas Trustwide and presented to by the Head of Facilities.</p>
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1. Introduction

The NHS recognises cleanliness as a high priority and this is reflected in core national documentation from Department of Health (DH) and other governing organisations: Health and Social Care Act (2008), The Health Act – Code of Practice for the Prevention and Control of Health Care Associated Infections (2006 revised 2008), Standards for Better Health – C4 (a), C 21, A Matron's Charter, Towards Cleaner Hospital and Lower Rates of Infection and the Essential Steps/Saving Lives programmes. CWP places standards of cleanliness as a high priority which is reinforced throughout this policy.

In 2001 the National Standards of Cleanliness were launched for the first time in the NHS, these were replaced in 2004 with the updated and re-named National Specifications. In April 2007 a further update was launched – The National Specifications for Cleanliness in the NHS; A framework for setting and measuring performance outcomes. This policy aims to provide a framework for providing cleaning services and assessing technical cleanliness in order to both comply with the requirements around cleanliness as noted in all of the previously mentioned national documentation, and to reassure all service users and visitors to the Trust that all services will be provided in a clean hospital where minimising and preventing the risk of acquiring a Health Care Acquired Infection (HCAI) is paramount.

The policy would be reviewed in light of changes to or updates of national guidance.

2. Background

The broad principles that have been used to develop this cleaning plan are:

- To understand the performance issues of the Facilities department with regards to cleaning;
- To develop specific objectives to enable the cleaning services to meet the National Standards for Cleanliness in the NHS;
- To develop a performance management framework to ensure implementation;
- To develop a monitoring process by which the facilities managers can monitor progress, show evidenced electronic data and reports and forward information via appropriate reporting mechanisms to provide board assurance.

3. Objectives

Providing healthcare in a clean and safe environment and limiting infectious risk to all service users, visitors and staff is a fundamental requirement and, is extremely important to this Trust.

This policy aims to address – identify the following:

- Ensuring that Facilities services can, over a period of time meet and maintain the requirements of national standards for cleanliness in the NHS;
- To respond to the challenges set by a more informed and involved public, with high expectations of cleanliness in hospitals;
- To assist the Trust in creating a safe environment for service users through cultural change, by providing a new focus for staff through enhanced, directive and effective leadership;
- To ensure that the Facilities service secures and retains the funding/resources required to meet the increasing demands of the future.

It is hoped that by achieving the above we will be able to demonstrate the following:

- Recognition throughout the Trust for providing a quality customer focused service;
- Enhanced reputation of the Trust, both locally and nationally;
- Developing, maintaining and retention of an educated, skilled and professional workforce which is well trained, flexible and motivated to delivering an effective, excellent service.

4. Scope

This policy applies to all Trust Facilities staff, clinical staff and contractors who have direct or indirect responsibilities for cleanliness.

This policy covers routine cleaning procedures. The CWP [decontamination policy](#) details arrangements where disinfection is required.

5. Roles and responsibilities

See also strategic cleaning plan.

5.1 Cleaning Services Structure

Domestic Cleaning Services within the Trust are mainly provided and managed In-house with the following exceptions:

- Millbrook Unit and associated sites in Macclesfield. These are provided under a contract by Aramark and monitored by CWP;
- Chester Gates, Aqua House and St Anne's buildings along with various other sites in Central Cheshire, where CWP employ various contractors to provide the cleaning services.

See [appendix 1](#) which details the structure of the facilities services and how each part of the Trust is managed.

5.2 Responsibilities for cleaning

[Appendix 2](#), [appendix 3](#) and [appendix 4](#) details the minimum cleaning frequencies and responsibility is clearly identified to specific staff groups or specialists e.g. window cleaners. These documents show clearly who has responsibility for cleaning against all of the elements detailed, the minimum cleaning frequencies required and the cleaning method.

NB: Nursing / clinical staff are responsible for the initial management of bodily fluids or in certain circumstances the first person to come across the spillage in so far as they have access to the appropriate resources to carry out the task safely i.e. Spill Paks in Psychology.

5.3 Responsibilities for monitoring and auditing standards

- Facilities managers and supervisors audit compliance against the required standards at a frequency determined by the risk category. This is in order to provide the Trust with an overview of standards being achieved;
- Auditing in relation to how cleaning tasks are achieved will also be carried out by Facilities Management on a periodic basis;
- For those elements cleaned by clinical / nursing / departmental or other staff, there is a requirement for auditing to be undertaken at the required frequency as determined by the risk category. It is recommended that Matrons and Ward Managers undertake this for in-patient ward areas and that Heads of Department designate a competent person in out-patient / clinical departments e.g. in conjunction with the Facilities Supervisor and Management;
- IPC audits in relation to cleaning of the environment are carried out by IPC Nurses at least annually and where a non compliance score is scored, twice yearly;
- On a day to day basis it is expected that Ward Managers/ nurse in charge and Department Heads will oversee standards of cleanliness within their areas of responsibility and report areas of concern to the Facilities Managers;
- Outside of formal forums for monitoring and auditing standards concerns are reported directly through to the Domestic department;
- Facilities send monthly cleanliness reports to matrons to discuss overall satisfaction with cleaning standards;
- The Facilities management structure works collaboratively with the IPC Team on a regular basis both informally and formally. The Head / Deputy Head of Facilities is an active member of the Trust IPC Group. The Facilities managers and supervisors are members of and attend the local IPC groups within their locality of work. All these meetings are minuted and reported monitored through the organisational structure.
- The Facilities Department is innovative in its approach to new ways of working and new resources and has been actively involved in product trials to enhance the cleaning standards in the Trust.

5.4 Cleaning schedules

In accordance with The Health Act (2006), Cleaning Schedules are publicly displayed in all clinical areas detailing areas to be cleaned, the tasks and the frequency of the tasks.

6. Identifying risk categories

All healthcare environments should pose minimal risk to patients, staff and visitors. However, different functional areas represent different degrees of risk, and therefore, require different cleaning frequencies and different levels of monitoring and auditing. Consequently all functional areas should be assigned one of four risk categories:

- Very high;
- High;
- Significant;
- Low.

NB: These categories are explained below.

Risk categories are used to set SLA's and outcome auditing levels. To ensure that auditing processes are continuous and equal they should take place with the timeframes outlined below.

Informal monitoring should take place in areas where standards are considered poor or where routine monitoring reveals consistent weaknesses.

6.1 Very high risk functional areas

Consistently high cleaning standards must be maintained. Required outcomes will only be achieved through intensive and frequent cleaning. Very high risk functional areas may include operating theatres, ICU's, SCBU's and other departments where invasive procedures are performed or where immuno-compromised patients are receiving care.

Bathrooms, toilets, staff lounges, offices and other areas **adjoining** very high risk functional areas should be treated as having the same risk category, and receive the same intensive levels of cleaning.

6.2 High risk functional areas

Standards should be maintained by regular and frequent cleaning with 'spot clean' in between. High risk functional areas may include general wards, (Acute, Non-acute and Mental Health) Sterile Supplies, Accident and Emergency (A&E) Department, public thoroughfares and public toilets.

Bathrooms, toilets, staff lounges, offices and other areas adjoining high risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

6.3 Significant risk functional areas

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. Significant risk functional areas may include Pathology, Outpatient Department, Laboratories and Mortuaries.

Bathrooms, toilets, staff lounges, offices and any other areas adjoining significant risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

6.4 Low risk functional areas

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. Low risk functional areas may include administrative areas, non-sterile supply areas, record storage and archives.

Bathrooms, staff lounges, offices and other areas adjoining low risk functional areas should be treated as having the same risk category and receive the same level of cleaning.

Although there are no set % level achievement targets for these National Specifications, NHS Trusts are encouraged to identify and set these locally, by taking into account the risk categories allocated to each area.

7. Audit process

It is a requirement of the National Standards and Care Quality Commission (CQC) previously the Health Care Commission (HCC), for regular audits to be undertaken. Currently as a Trust we have adopted the Credits for cleaning electronic auditing tool which is based on the 49 elements of the National Standards. In the majority of areas this tool is used to carry out audits and in addition all In-patient areas are audited on a 13 week basis.

Although audits are being carried out over a 13 weekly rotational period this frequency is not documented to be frequent enough. The national standards recommend:

- All **very high risk areas** should be audited on a **weekly** basis to include where possible all rooms within the area;
- All **high risk areas** should be audited **weekly**, and by the end of the month where practicably possible all rooms on the area have at least been inspected once;
- All **moderate risk areas** are audited **monthly**, but to include at least 50% of the area upon inspection;
- All **low risk areas** are audited **once during a 13 week reporting period**.

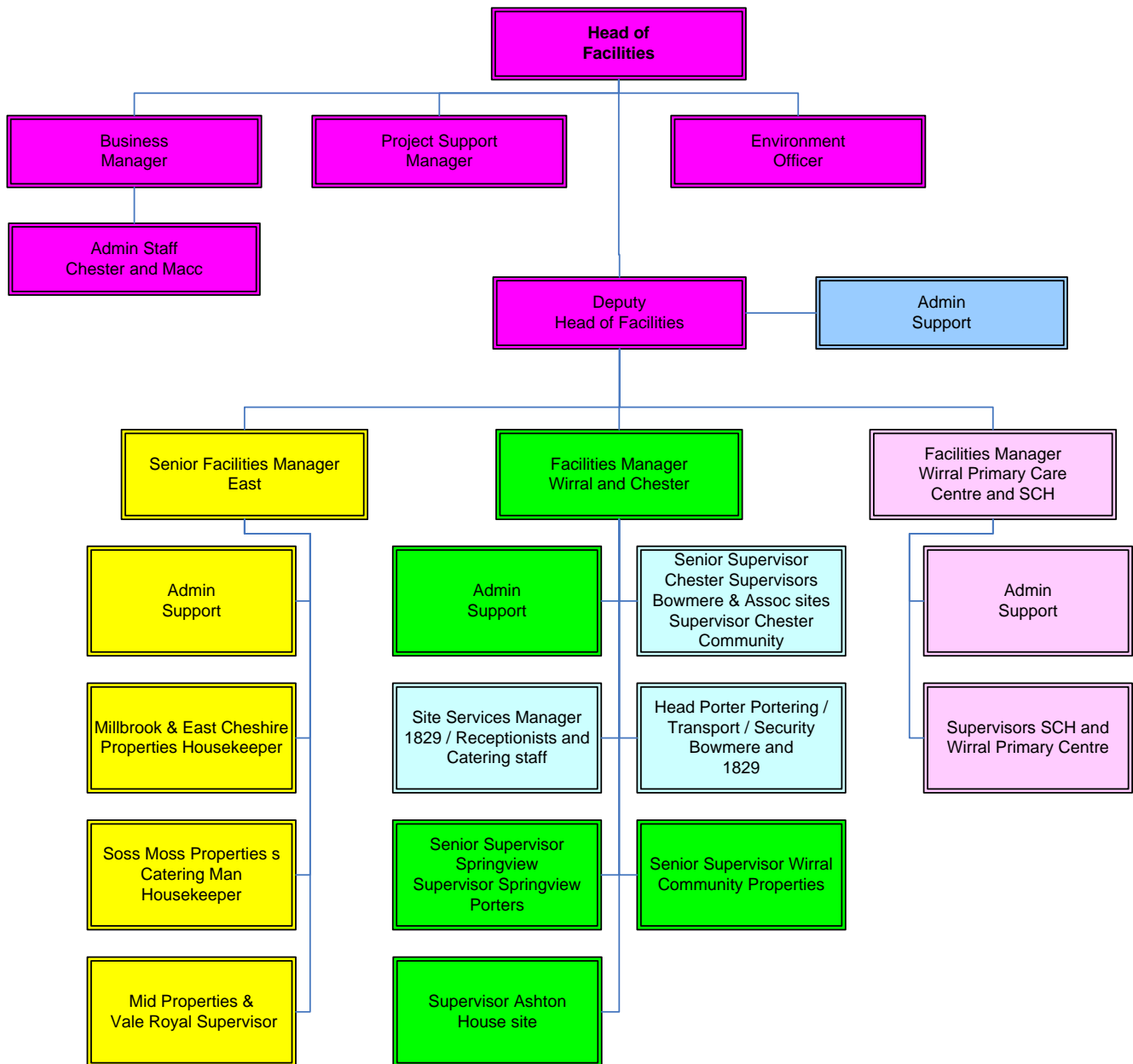
The recommendations also suggest that the auditing process is not just the responsibility of the facilities team but matrons, and ward managers etc need to play an integral part of the process i.e. joint auditing between the clinical leads and domestic supervisor / facilities manager.

The credits for cleaning audit tool is useful and informative in that it will randomly select a number of rooms on an area to be audited, it will also produce a report on rooms in an area that have not been audited during a period of time. In addition the system allows you to see the trends in the standards, i.e. the frequently failed items within a particular area.

The system produces reports and data that can be emailed electronically and all data is stored and is easily retrieved for reflection and comparisons purposes.

[Appendix 5](#) details the monitoring protocol.

Appendix 1 - Facilities structure chart



Appendix 2 - Cleaning responsibility framework

Total cleaning responsibility framework (i.e. cleaning not covered by domestic services)				
Items	Frequency e.g. daily / weekly / after use	Method	Staff group responsibility (ward staff means any healthcare or clinical staff as appropriate)	Comments
Ward patient equipment				
Linen trolleys	W/VC and AU	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Notes trolleys	W/VC	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Drugs trolleys	W/VC	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Dressing trolleys	W	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Blood pressure cuffs	VC	Disinfectant wipes	Ward staff	Cloth cuffs to be laundered or disposed
Pillows	AU/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Mattresses	AU/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Bed frames	W and VC	Detergent / water / bowl / disposable cloths	Ward staff	
Wheelchairs	W/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Commodes	AU	Detergent / water / bowl / disposable cloths	Ward Staff	
Hoists	W/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Manual Handling Aids/slings	AU/VC	Detergent / water / bowl / disposable cloths	Ward Staff/Laundry	
Resuscitation trolleys	D	Detergent wipes D/W/B disposable cloths	Ward staff	
Oxygen / suction equipment	D and AU except disposables	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Oxygen / suction equipment (portable)	As Above	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Portable nebulisers	W and AU	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Bed pans / holders	AU except disposables	Detergent / water / bowl / disposable cloths Washer disinfectant	Ward staff	

Total cleaning responsibility framework (i.e. cleaning not covered by domestic services)				
Items	Frequency e.g. daily / weekly / after use	Method	Staff group responsibility (ward staff means any healthcare or clinical staff as appropriate)	Comments
Raised toilet seats	D	Detergent / water / bowl / disposable cloths	Domestic staff	
Scales	W and AU	Detergent / water / bowl / disposable cloths	Ward staff	
Wash Bowls	AU	Detergent / water / bowl / disposable cloths	Ward staff	Invert to dry
Pat slides	AU	Detergent / water / bowl / disposable cloths	Ward staff	
Ward media equipment				
TVs	W	Detergent / water / bowl / disposable cloths	Domestic staff	
Hi-fis	W	Detergent wipes	Domestic staff	
Telephones	W	Detergent wipes	Ward staff – staff phones Domestic staff – public phones	
Computer keyboards	W	Detergent wipes	Ward staff	
Printers	W	Detergent wipes	Ward staff	
Fax	W	Detergent wipes	Ward staff	
Photocopiers	M	Detergent wipes	Ward staff	
Screens	W	Detergent wipes	Ward staff	
CCTV equipment	M	Detergent wipes	Estates	
Accessories, i.e. staplers, in-trays, hole punchers	VC	Detergent wipes	Ward staff	
Loan equipment i.e. heaters	M	Detergent wipes	Estates	
Kitchen equipment				
Drugs cupboards	W	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Drugs fridges	W	Detergent / water / bowl / disposable cloths	Ward staff	
Macerators	W	Detergent / water / bowl / disposable cloths	Ward staff	
Fridges / freezers	W	Detergent / water / bowl / disposable cloths	Domestic staff	Refer to cleaning manual
Cookers	W/AU	Detergent / water / bowl / disposable cloths	Domestic staff/ward staff	Refer to cleaning manual
Microwaves	W and AU	Detergent / water / bowl / disposable cloths	Domestic and ward staff	Refer to cleaning manual
Toasters	W and AU	Detergent wipes	Domestic and ward staff	

Total cleaning responsibility framework (i.e. cleaning not covered by domestic services)				
Items	Frequency e.g. daily / weekly / after use	Method	Staff group responsibility (ward staff means any healthcare or clinical staff as appropriate)	Comments
Kitchen cupboards	W	Detergent / water / bowl / disposable cloths	Domestic staff	Inside and out
Crockery	AU	Dishwasher	Domestic staff/ward staff	
Water boilers	W	Detergent / water / bowl / disposable cloths	Domestic staff	
Water coolers	W	Detergent / water / bowl / disposable cloths	Domestic staff	Including trays
Dishwashers	W	Detergent / water / bowl / disposable cloths	Domestic staff	
Food Trolleys	W and AU	D2 multipurpose cleaner	Domestic staff weekly Ward staff after use	Including wheels
Tea Trolleys	W and AU	Detergent wipes	Ward Staff	Include wheels

AU = After Use

D = Daily

W = Weekly

VC = Visibly Contaminated

M = Maintenance Programme

Appendix 3 - Cleaning Frequencies

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
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
	One full clean daily	One full clean daily	One full clean daily	
2. Bathroom hoists	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	
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
4. Drip stands	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A
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
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	
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	
8. Medical gas equipment	One full clean daily	One full clean daily	One full clean daily	
9. Patient fans	Case daily	One full clean daily and between patient use	Case daily	Hoover
	One full clean weekly	One full clean monthly	One full clean quarterly	
10. Bedside 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	
11. Notes & drugs trolley	One full clean weekly	One full clean weekly	One full clean weekly	
12. Patient personal items e.g. cards, suitcase	One full clean daily	One full clean daily	One full clean daily	N/A
13. Linen trolley	Contact points daily	Contact point clean daily	Contact points daily	
	One full clean weekly	One full clean weekly	One full clean weekly	
14. Switches, sockets & data points	One full clean daily	One full clean daily	One full clean weekly	

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
15. Walls	Check Clean daily	One check clean daily	Check clean weekly	Check clean weekly
	Dust weekly	One full clean weekly (dust only)	Dust monthly	
	Washing yearly /VC	One full washing yearly/VC	Washing yearly /VC	Washing once every three years /VC
16. Ceiling	Dust monthly	One full clean monthly (dust only)	Dust monthly	One check dust monthly
	Washing yearly /VC	One full washing yearly /VC	Washing yearly/VC	Washing three-yearly/VC
17. All doors	One full clean daily	One full clean daily	One full clean daily	One full clean weekly
18. All internal glazing including partitions	One full clean daily	One check clean daily	One check clean daily	One full clean weekly
		One full clean weekly	One full clean weekly	
19. All external glazing	One full clean every three months	One full clean every three months	One full clean every three months	N/A
20. Mirrors	One full clean daily	One full clean daily	One full clean daily	One full clean weekly
21. Bedside patient TV incl. ear piece for bedside. system	One full clean daily	One full clean daily	One full clean daily	N/A
22. Radiators	One full clean daily	One full clean daily	One full clean daily	One full clean monthly
23. Ventilation grilles extract and inlets.	One full clean weekly	One full clean weekly	One full clean monthly	One full clean monthly
24. Floor -polished	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
	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
	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
	Strip & reseal yearly	Strip & reseal yearly	Strip yearly	Strip & reseal twice-yearly
25. Floor – non-slip	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
	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

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
26. Soft floor	Two full cleans daily	One full clean daily + one check clean daily	One full clean daily	One full clean weekly + one check clean weekly
	Shampoo six-monthly	Shampoo six-monthly	Shampoo 12-monthly	Shampoo twice-yearly
27. Pest control devices				
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
	Full clean monthly	Full clean monthly	Full clean monthly	Full clean quarterly
29. Cleaning equipment	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use
30. Low surfaces	Twice daily	One full clean daily and one check clean daily	One full clean daily	One full clean weekly
31. High surfaces	Twice weekly	One full clean weekly and one check clean weekly	One full clean weekly	One full clean weekly
32. Chairs	Daily and one check clean	One full clean daily and one check clean daily	One full clean daily	One full clean weekly
33. Beds	Frame daily	Frame daily	Frame daily	N/A
	Under weekly	Under weekly	Under weekly	
	Whole on discharge	Whole on discharge	Whole on discharge	
34. Lockers	Twice daily	One full clean daily and one check clean daily	One full clean daily	N/A
35. Tables	Twice daily	One full clean daily and two check clean daily	One full clean daily	One full clean weekly
36. Hand wash containers				
37. Hand hygiene/alcohol rub dispensers	Daily	Daily	Daily	N/A
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
	Deep clean weekly	Deep clean weekly	One deep clean weekly	One deep clean weekly
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
	Bed curtains change four-	Bed curtains change six-	Clean change or replace	

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
	monthly	monthly	yearly	
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
41. Fridges & freezers	Three check cleans daily	Three check cleans daily	Three check cleans daily	One check clean daily
	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
42. Ice machines and hot water boilers	Daily check clean	One daily check clean	One check clean daily	N/A
	One full clean weekly	One full clean weekly	One full clean weekly	
43. Kitchen cupboards	One full clean weekly	One full clean weekly	One full clean monthly	One full clean quarterly
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
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
46. Toilets & bidets	Three full cleans daily	Two full cleans daily and one check clean daily	One full clean daily	One full clean daily
47. Replenishment	Three times daily	Three times daily	Once daily	One times daily
48. Sinks	Three full cleans daily	Two full cleans daily and one check clean daily	One full clean daily	One full clean daily
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

Appendix 4 - Cleaning standards

Element	Standard
1-6 Commodes, bathroom hoists, weighing scales, manual handling equipment, drip stands, medical equipment not connected to a patient, medical equipment connected to a patient	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
8. Medical Gas Equipment	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
9. Patients Fans	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
11. Notes, drugs, dressings and equipment trolleys	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
12. Non-medical Ward Equipment	All parts of equipment including underneath should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages
13. Linen Trolley	All parts including underneath should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages
14. Switches / Sockets / Data Points	All wall fixtures e.g. switches/sockets/data points should be visibly clean, with no blood or body substances, dust, dirt, debris, adhesive tape and spillages
15. Walls	All wall surfaces including skirting should be visibly clean, with no blood or body substances, dust, dirt, debris, adhesive tape or spillages
16. Ceiling	All ceiling surfaces should be free from blood or body substances, dust, dirt, debris, adhesive tape or spillages
17. All doors	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jams are free from blood or body substances, dust, dirt, debris, adhesive tape or spillages
18. Internal Glazing including Partitions	All internal glazed surfaces should be clean and free from blood or body substances, dust, dirt, debris, adhesive tape or spillages
19. External Glazing	All external glazed surfaces should clean
20. Mirrors	Mirrors should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape

Element	Standard
22. Radiators	All parts including between panels should be visibly clean, with no blood or body substances, dust, dirt, debris, adhesive tape or spillages
23. Vent Grilles Extract and Inlets	The external part of the grilles should be visibly clean, with no dust, dirt, debris and cobwebs: blood or body substances
24. Floor - Polished	The complete floor including the edges, corners and main floor spaces should have uniform shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks
25. Floor – Non-slip	The complete floor including the edges, corners and main floor spaces should have uniform finish and be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks
26. Soft floor	The complete floor including the edges, corners should be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks. Floors should have a uniform appearance and even colour with no stains or watermarks
27. General Furniture	All parts of the furniture should be visibly clean and be free from blood and body substances, dust, dirt, debris and spillages
28. Electrical Items	The casing of any electrical item should be free from blood or body substances, dust, dirt, debris and adhesive tape
29. Cleaning Equipment	Cleaning equipment should be free from blood and body substances, dust, dirt, debris and moisture
30. Low Surfaces	All surfaces should be visibly clean and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
31. High Surfaces	All surfaces should be visibly clean and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
32. Chairs	All parts of the furniture should be visibly clean and functional; and free from blood and body substances, dust, dirt, debris and spillages
33. Beds	All parts of the bed (including wheel/castors) should be visibly clean and functional with surfaces being free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
34. Lockers	All parts of the locker (including wheels/castors) should be visibly clean and functional with surfaces being free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
35. Table	All parts of the table (including wheels/castors) should be visibly clean and functional and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
36. All dispensers	All parts of the surfaces of dispensers should be visibly clean and functional and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages. Dispensers should be kept stocked
37. Hand hygiene/alcohol rub dispensers	All parts of the hand hygiene/alcohol rub surfaces of dispensers should be visibly clean, functional, free from blood and body substances, dust, dirt, debris, adhesive tape and spillages. Dispensers should be stocked

Element	Standard
38. Waste receptacle	Receptacles should be emptied frequently and not allowed to overflow. The waste receptacle should be visibly clean and functional with surfaces being free from blood and body substances, dust, dirt, debris and spillages
39. Curtains / Blinds	Curtains/blinds should be visibly clean and free from blood and body substances, dust, dirt, debris and spillages. They should have the appropriate number of suitable hooks per metre to provide an evenly gathered and well hung appearance
40. Dishwasher	Dishwasher should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
41. Fridge / Freezer	Fridge/freezer should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
42. Ice Machine and / or Hot Water Boiler	Ice machine and/or hot water boiler should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
43. Kitchen Cupboards	Kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
44. Microwave	Microwave should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
45. Shower	The shower (and wall attached shower chairs etc) should be visibly clean with no blood or body substances, scum, dust, limescale, deposits and smears
46. Toilet / bidet	The shower (and wall attached shower chairs etc) should be visibly clean with no blood or body substances, scum, dust, limescale, deposits and smears
47. Fixtures and fittings	Fixtures and fittings should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
48. Sinks	The sink (and wall attached dispensers etc) should be visibly clean with no blood or body substances, dust, dirt, debris and spillages and have a uniform lustre. Plugholes and overflows should be free from build up
49. Bath	The bath should be visibly clean with no blood or body substances, dust, dirt, debris, limescale, stains and spillages. Plugholes and overflows should be free from build up

Appendix 5 - Monitoring protocols

Introduction

All areas throughout the trust will be audited on a quarterly basis, using a monitoring system on a handheld PDA. The system provided by Pierce Management (Credits for Cleaning) audits areas against the 49 tasks listed in the National Standards of Cleanliness.

Audits

The responsibility for auditing lies within the Facilities department across the Trust. The Domestic Supervisor will take the lead on the audit process, but we expect Matrons and clinical leads to be part of the audit i.e. joint monitoring of cleaning standards of all areas over a 13 week period.

In addition during the 13 week period the Facilities Managers will randomly select 3 areas within their remit to audit themselves. This is assurance for the Facilities Managers that the process is being undertaken correctly and standards are being maintained.

The system allows for two types of audits, technical, which are carried out by the Domestic Supervisor and managerial, carried out by the Facilities Manager.

Standards

All Domestic Supervisors are trained to audit all areas against the work schedule for the area they are auditing e.g. if high dusting is part of the duties on a Wednesday each week and they audit on a Tuesday this needs to be taken into consideration.

In addition auditing needs to take place at a sensible time of the day i.e. to be able to gain access to the areas and ideally ensuring standards are inspected after they have been cleaned e.g. there is no point in auditing ward areas at 8am as service users may still be sleeping and the cleaning will only just have commenced.

When completing the audits these are the standards we expect to be maintained:

Walls, skirting's and ceilings

Internal walls and ceilings are free from dust and cobwebs. Light switches are free from marks and fingerprints

Windows

External and internal surfaces of glass are clear of streaks, chewing gum, spot marks and finger marks. Window frames and tracks are free of dust

Doors

Internal and external doors and frames are free of dust, finger marks and cobwebs

Floors – hard

The floor is free from dust, litter, chewing gum, marks, spots and water or other liquids. The floor is free of scuff marks, scratches and build-up in corners and edges

Floors – soft

The floor is free of dust, grit, litter and chewing gum. The floor is free from stains and no dust or fluff build-up in corners or edges

Furniture and fixtures

All hard surface furniture is free of spots and spillages.

Soft furniture is free of stains and dust.

Furniture legs, wheels and castors are free from dust.

All high surfaces are free from dust and curtains and blinds are free from stains and dust.

Water containers are clean inside and are free of stains

Toilet and bathroom fixtures

Porcelain, cubical rails, plastic surfaces are free from smudges, smears, body fluids, soap build up and mineral deposits.

Metal surfaces, shower screens and mirrors are free from streaks.

Soap, towel and toilet roll dispensers are free of dust and soap deposits. Consumable items are in sufficient supply

Kitchen fixtures and appliances

Fixtures, surfaces and appliances are free of grease, dirt, dust deposits, stains and cobwebs.

Any electrical appliances that are broken are to be reported immediately.

Evaluation

Once the audit is complete it needs to be 'signed off' by a member of clinical staff who Supervisor is carrying out a joint audit then ask the other member of the team to 'sign off' the audit.

The PDA is then linked to a computer that will generate the results for this area as a percentage. In addition to producing this figure the system generates a rectification report of the faults identified during the audit. This report is passed to the Domestic responsible for that area for rectification.

On a 13 weekly basis a report will be produced for all areas Trustwide and presented to by the Head of Facilities.